

she's written a book that is sympathetic to our craft despite the fact that the author is immersed in the most difficult and impotent of stages, the trainee period. Her book is an antidote to the cynicism of Samuel Shem's *House of God*, and should be circulated to all medical residents when jadedness descends.

In short, Weisman's example demonstrates that, despite the failings of doctors — and she dissects these carefully — we're better than we think we are. Reminding the reader of the power of the physician-patient interaction, she instills in her readers, be they patients

or physicians, an appreciation of a kind word, of a careful observation and, above all, of giving the benefit of the doubt. The wisdom of being a patient, a resilient survivor, is here. So is the incremental process of becoming a doctor, the acknowledgement that illness is universal and, in the end, triumphant:

But of course we always lose. Death wins eventually, and I, still a medical student ... knew that I had chosen a profession doomed to a beautiful, honorable failure.

We should listen to our patients, the spies in the *House of God*. And

Jamie Weisman is a spy perfectly placed. *As I Live and Breathe* is a testament to Weisman's resolute humanity: as a trainee, she never succumbs to desensitization, the contagion endemic among veteran health professionals. May she continue to survive her physicians' prognostications, for she has yet to write a great many more books.

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## Room for a view

### Tapestry

It was the time of year when the tamarack needles are lemon yellow and on the coldest, calmest parts of ponds little patterns of fragile ice begin to form. As I started the long turn toward the city I could see the pilot boat on the water, ploughing out of the inner harbour, soaring and plunging over the swells of yesterday's storm. It was a 15-minute drive to the hospital, where I was about to begin my weekend rounds.

By mid-morning I had reached Mr. Duval's room.

"I'm on the mend," he declared as I greeted him. "I just walked the loop all by myself and no shortness of breath."

The loop was the corridor that fronted the hospital rooms in a long rectangle. Straightened out, it would be the length of a short city block. In the culture of the floor it had great significance. Being able to walk the loop meant freedom: if you could walk the loop, you could walk out the door. Having achieved this milestone Mr. Duval wanted to tell me about his journey.

"I went around the nursing station, then down by the utility room, and then I passed Mrs. Rogers with her walker ...". As he spoke, I became

aware of a loud sobbing issuing from the room next door. "No, no! Get away, I don't belong here, get Martha." This was followed by the sound of a tray crashing to the floor. Then silence. Finally, two comforting voices began a sort of call-and-response while the room was restored to order.

Mr. Duval, who was quite deaf, heard none of this. He continued to tell me about his journey.

"I passed the nurse with Mr. Jollymore who was heading into the big tub, the nursing office was next and then I made it to the finish line. How do I look, Doc?"

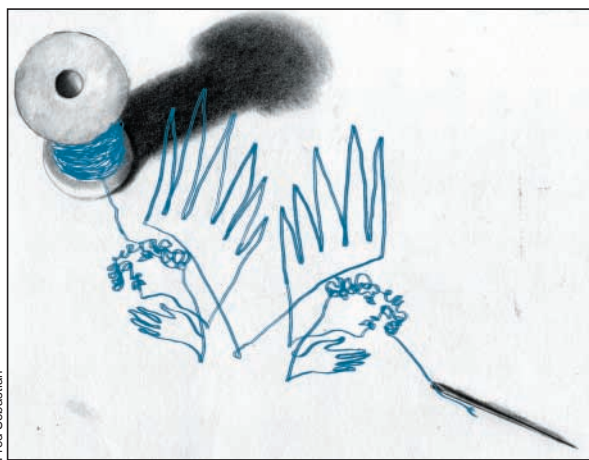
"Good! A little more training and you'll be ready for the half marathon."

"Why not the full marathon?"

"Let's have a listen to your chest ... You still have a few crackles in the base of your lung, you get rid of those and you can really start training."

From the room next door I could hear the nurse say, "Thanks, you were a big help."

"It's OK; it's just like most bars any Saturday night." This was Annette, the patient sharing the room with the elderly patient who had sent her tray crashing to the floor. Annette had been admitted two nights earlier, from the emergency room, where she'd been brought in with acute alcohol intoxication. "It's not the first time," the attending physician had told me, "and she's had complications: seizures and GI bleeding. Her family doctor is making arrangements for a rehab program. The goal of



Fred Sebastian

"You'll be all right now, we'll find Martha."

"You'll be all right now."

"Don't worry, we'll get you all fixed up."

"You're looking better already."

"Here's your comfy chair."

"And here's your comfy blanket from home."

this admission is to get her through withdrawal and back on antabuse.”

Annette was sitting cross-legged on her bed when I entered the room, cutting out pictures from a magazine.

“Holly Golightly,” she said, holding up a still photo from *Breakfast at Tiffany’s*. “She got the mean reds, not the blues.”

Annette was petite with big unfathomable grey eyes: North Atlantic, mid-winter grey. She had a pixie haircut and looked even younger than her 26 years. We talked about her lab values and management plans and her drinking. Annette stopped cutting out the pictures.

“I don’t really like to drink but I have a pattern. I feel fine, sometimes for long periods of time, then I start to withdraw. I don’t want to go out and party, I don’t want to be with anybody, I just want to be by myself. Then after a while I start to feel angry, very angry. I get the mean reds.”

“How do you express your anger?”

“Most people wouldn’t know I was angry. I don’t get physical or verbal or out of control. I just get angry, very angry. When I can’t stand it anymore I drink. A lot.”

Before I left I asked Annette to think of a metaphor that described her. If she came up with one we could talk about it on rounds next morning. “I like words,” she said. “I’ll think about it.”

The next morning Mr. Duval passed me twice as I did my rounds. He was walking with some authority, and the second time he went by he looked back and said, “I’ve just double-lapped you.” I smiled and gave him a victory sign.

Writing progress notes in the charts, I noticed Annette busily going back and forth from her room to the kitchen — looking after her roommate, who was in a geriatric chair by the nursing station.

She spotted me and came over to the desk.

“I’ve got that metaphor,” she said.

“Good.”

“I’m an angel with a broken wing.”

“What’s going to happen to the broken wing?”

“I don’t know.”

On Monday morning the pictures in Annette’s room were gone, and so was she.

There are many fragments in medicine: investigation results that are never seen, stories that are never resolved. A life’s work in medicine is a huge tapestry with many unfinished panels. Perhaps some are completed in someone else’s work. I like to think of Annette’s panel as a bright room full of images, a forty-eight hour period of safety and sobriety when she cared for a confused and frightened woman and began to think more kindly of herself. And I hope and pray that somewhere, in some other tapestry, there is an angel with two strong, fully restored wings.

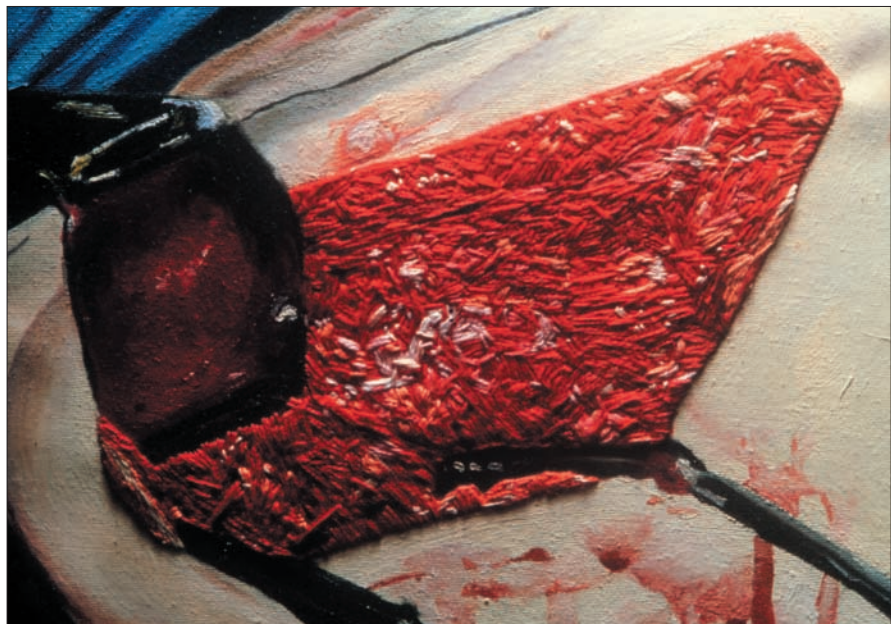
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## Lifeworks

# Fibre optics

In August 2002, the Roundhouse Community Centre in Vancouver hosted an exhibit of contemporary Canadian fibre art. Among the works showcased in *If Images Speak a Thousand Words*, two small pieces at first seemed out of place: *Reduction Series #1* and *Reduction Series #2* by London, Ont., artist Bev McNaughton. What were oil paintings doing amid the other fibre works? The subject matter was obviously some sort of surgical operation, but it took a few seconds for the punch line to travel from the retina to the brain. The external body and the surgeon’s fingers and instruments were finely rendered in oil on silk, but where the flesh was exposed, the silk was covered in dense, gleaming embroidery.

There is an oblique relationship between surgery and needlework. The word “suture” is both noun and verb in its medical sense, but it is also used in



**Bev McNaughton, 2002.** *Reduction Series #1 (detail)*. Oil painting on silk; cotton and silk embroidery.